| Nebraska Biobank application2013 Biobank RFA v OCT 2013 | | |
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| **Applicant Information** | | |
| Date: | | |
| Principal Investigator Name: | | |
| Rank (Faculty): | Zip: | Email: |
| Department/College/UN Institution: | | |
| Co – Investigator Name(s): | | |
| Rank (Faculty): | Zip: | Phone: |
| Co – Investigator Name(s): |  |  |
| Rank (Faculty): | Zip: | Phone: |
| Study Coordinator Name: | | Email: |
| Campus Address: | Zip: | Phone: |
| **Purpose of study including specimens and/or data needed: (up to 450 words)** | | |
|  | | |
| **Funding Source(s):** | | |
| Account#: | | |
| Sponsor: | | |
| Grant#: | | |
| **Specimen requirements (Note: only DNA & serum are available)** | | |
| **DNA request** | | |
| Amount of DNA requested per sample (max available 2 ug): | | |
| Total number of DNA samples needed and sample size justification: | | |
| Describe any specific gene(s) of interest or genetic analyses required (eg: SNP analysis, whole gene sequencing, or gene array): | | |
| **Serum request** | | |
| Minimum volume required/sample(> 300 ul/sample will need specific justification): | | |
| Total number of serum samples needed and sample size justification: | | |
| Please specify what assay(s) will be performed and who will be performing them: | | |
| **Inclusion Criteria** Ex: age, sex, race/ethnicity, dates inclusive, diagnosis –include relevant ICD-codes, etc. | | |
|  | | |
| **Exclusion Criteria** Ex: age, sex, race/ethnicity, medication, diagnosis –include relevant ICD-codes, laboratory values, etc. | | |
|  | | |
| **Specific to this proposal/application:** | | |
| Will there be a commercial and/or industry partner? | | |
| Is there potential for a commercial application? | | |
| Have you, or do you plan to submit a new invention notification for patenting? | | |
| **Contact Information** | | |
| **Submit completed application electronically to:** | **Questions may be directed to:** | |
| Tara Stafford | Deb Meyer, RN | |
| Administrator | Associate Research Subject Advocate | |
| ARS 2005A Zip 7878 | ARS 2005 Zip 7878 | |
| [tstafford@unmc.edu](mailto:tstafford@unmc.edu) 402-559-6803 | [dmeyerk@unmc.edu](mailto:dmeyerk@unmc.edu) 402-559-6941 | |